

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Rachel Cameron			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Press		
POSITION Deputy Press Secretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Governor		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY STATE ZIP			CITY STATE ZIP			CITY STATE ZIP		
Sacramento			CA			95814		

MONTH/YEAR Nov-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
25-Nov	7AM	Fresno									367 163.32		163.32
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	367 163.32	0.00	
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$163.32
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PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed GS public events:

11-25 Fresno Food Bank Event

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 0751 0752 0753 and 0754 pertaining to vehicle safety and seat belt usage.

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240808

DATE

12/3/09

SIGNATURE

DATE

12/8/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE